



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

# **Immunization Quality Improvement for Providers (IQIP) Program**

## **Operations Manual for Responsible Entities (REs)**

Version 2.0  
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# Texas IQIP Program | Standard Operating Procedures | Version 2.0

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## **Introduction**

The Texas Department of State Health Services (DSHS) Immunization Unit prepared the Immunization Quality Improvement for Providers (IQIP) Operations Manual for use by DSHS Quality Assurance Contractor, DSHS Public Health Region (PHR), and contracted Local Health Department (LHD) staff who are responsible for conducting and completing IQIP visits for Texas Vaccines for Children (TVFC)-enrolled sites. Consultations on the policies in this manual are conducted routinely with the Centers for Disease Control and Prevention (CDC), DSHS, and other organizations.

The purpose of this manual is to consolidate IQIP policies and information into one source document for DSHS Quality Assurance Contractor, DSHS PHR, and contracted LHD staff. The content is intended only for those entities and not for clinics or facilities eligible to receive an IQIP visit. Throughout the year, the DSHS Immunization Section will distribute new policies to staff. During the annual update of this manual, all previous policies from the prior year will be incorporated. This document serves as a companion document to further explain the required activities included in the "Program Evaluation" chapter of the Texas Vaccines for Children and Adult Safety Net (TVFC/ASN) Programs Operations Manual for Responsible Entities (REs).

## **Immunization Quality Improvement for Providers (IQIP) Background and Overview**

### ***Background***

The Federal VFC program was created by the Omnibus Budget Reconciliation Act of 1993. The program was officially implemented in October 1994. VFC funds were awarded to state/local jurisdictions to conduct quality assurance reviews (QARs or VFC visits), which were formal site visits to assess VFC-enrolled providers' compliance with the requirements of the VFC program, beginning in 1995. In the same year, the Senate instructed the CDC to "ensure that all states receiving Section 317 immunization funds, conduct

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annual provider assessments in all public clinics using the CDC-approved methodology, "1 which later evolved into a program known as "Assessment, Feedback, Incentives, and eXchange" (AFIX). The assessment visits were implemented in public-sector clinics to improve immunization practices and vaccination coverage.

In 1999, the National Vaccine Advisory Committee (NVAC) recommended that all immunization providers, both public and private, should have their vaccination coverage assessed annually and that private providers should be assisted in this effort by state and local health departments. This recommendation provided support to expand implementation of AFIX to private provider settings. In 2000, the Task Force on Community Preventive Services completed a review of immunization-focused quality improvement (QI) literature and "strongly recommended" assessment and feedback (key components of the AFIX process) in the Guide to Community Preventive Services (Community Guide). The separate VFC and AFIX initiatives were combined in 2000 to allow the programs to achieve a broader reach among both public and private providers. That year, supplemental funds were awarded to 37 awardees to support a combined VFC-AFIX initiative. A 2011 update of the task force's review concluded that assessment and feedback remained effective interventions for improving vaccination coverage.

Recommendations from the CDC scientific and programmatic staff in 2017–2018, resulting from operational research and an internal evaluation of the AFIX program, focused on the need to refine the CDC's approach to provider-level immunization QI efforts. Recommendations also focused on the need to scale such efforts to function within the boundaries of constraints faced by the CDC and awardee immunization programs as well as the current health care environment. Those recommendations resulted in the transition from AFIX to IQIP.

### ***IQIP Program***

IQIP is an immunization quality improvement program for health-care providers enrolled in the TVFC Program. The purpose of IQIP is to promote and support the implementation of provider-level quality improvement

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strategies. IQIP strategies are designed to support health-care providers in identifying opportunities to increase vaccine uptake in adherence with the Advisory Committee on Immunization Practices (ACIP)-recommended routine immunization schedule by improving immunization service delivery and ensuring that providers are:

- Aware of and knowledgeable about their vaccine coverage and missed opportunities to vaccinate.
- Motivated to try new immunization service delivery strategies and incorporate changes into their current practices.
- Capable of sustaining changes and improvements to their vaccination delivery services.
- Able to use available data from the Immunization Information System (IIS) and/or Electronic Health Record (EHR) to improve services and coverage.

The core quality improvement strategies of the IQIP Program will support Texas Vaccine for Children (TVFC) providers by focusing on:

- Immunization appointment scheduling practices.
- Leveraging the reporting functionality of the statewide immunization registry, ImmTrac2.
- Giving a strong vaccine recommendation (including emphasis on HPV vaccine for providers with adolescent patients).
- Strengthening vaccination communications.

Using the IQIP process, TVFC-enrolled providers will be assessed on immunization delivery practices and will collaborate with their REs to identify strategies that will enhance their immunizations workflow to improve vaccine uptake. Vaccination coverage is measured at or near the time of an initial contact (site visit) to establish baseline performance and again one year later to evaluate progress. Technical assistance and support are given via telephone calls at two- and six-month intervals to aid providers in staying on course with their strategy implementation plans (SIPs). At the end of 12

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months, a final discussion of SIP progress and sustainability of practice changes occurs.

Figure 1-1 details the IQIP process in stages.

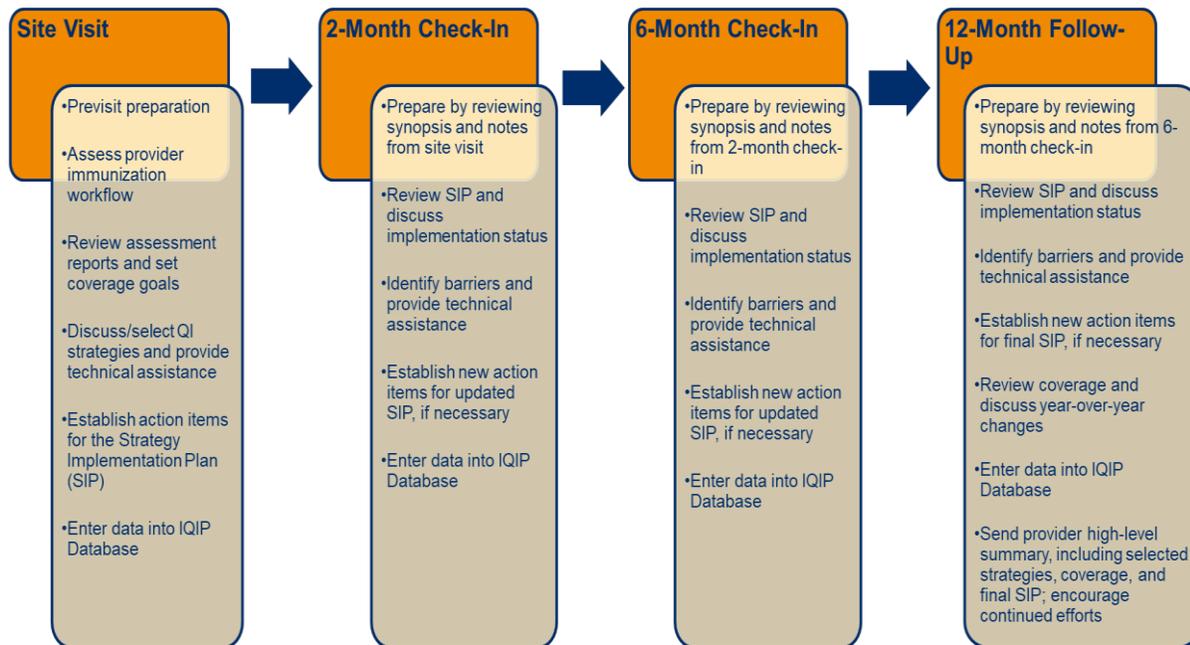


Figure 1-1: IQIP Process

## Texas Vaccines for Children (TVFC) Program

The TVFC Program provides low-cost vaccines to eligible children from birth through 18 years of age. The mission of this program is to remove barriers to immunizations by allowing private providers to immunize eligible patients in their communities at little to no cost to the parent. Today there are more than 3,000 Texas providers enrolled in TVFC. The TVFC Program enables over 4.3 million Texas children to have access to immunizations. This is accomplished through a network of support provided by DSHS and with assistance from PHRs and contracted LHDs. These organizations function as Responsible Entities (REs) to ensure compliance with state and federal requirements in their jurisdiction.

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### **ImmTrac2**

Texas uses ImmTrac2 as the statewide immunization registry, which IQIP leverages to assess vaccine coverage data. DSHS offers ImmTrac2 at no cost to all Texans. The registry is secure and confidential, and safely consolidates and stores immunization records from multiple sources in one centralized system. Texas law requires written consent by individuals to participate in the registry. Written or electronic consent for ImmTrac2 is required for an individual who is 17 years of age or younger and must be obtained once for participation. Consent of the individual's parent or guardian must be submitted to DSHS. After consent is submitted, the individual's immunization information will be included in the registry until the individual is 26 years of age. If consent is not collected during the immunization visit, the individual's immunization administration will not be accounted for when vaccination coverage rates are assessed.

Access to the registry records is for those who have authorization. Authorized organizations include health-care providers, schools, and public health departments. The registry is part of the initiative to increase vaccine coverage across Texas. More information can be found at the ImmTrac2 website at <https://immtrac.dshs.texas.gov/TXPRD/portalHeader.do>.

### **ImmTrac2 Registry Education**

All TVFC Providers receiving a site visit will receive IQIP and ImmTrac2 education resources. These education materials have been developed to provide guidance on how to improve reporting of vaccination administrations into ImmTrac2, and best practices to increase childhood and adolescent vaccination coverage rates at the provider site.

#### ***ImmTrac2 Resource Packet***

All TVFC Providers will receive an ImmTrac2 resource packet and hands-on training during their scheduled IQIP visit. The packet will include the

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following guidance documents:

- ImmTrac2 Data Quality Guide
- ImmTrac2 Texas Immunization Provider Summary (TIPS) Report Guide
- Guide to Reminder/Recall Report
- Creating a List of Active Clients with the Ad Hoc List Report
- ImmTrac2 Brochures

### ***ImmTrac2 Data Quality Guide***

The ImmTrac2 Data Quality Guide is an overview of common issues identified that result in inaccurate data reported into ImmTrac2. These common issues may explain why childhood and adolescent vaccination coverage assessment rates may not be accurate during the initial evaluation.

### ***ImmTrac2 Texas Immunization Summary (TIPS) Report Guide***

The ImmTrac2 Texas Immunization Summary (TIPS) Report Guide is a report that includes the provider's registered organization information listed in ImmTrac2, an overall summary of user activity, online activity, and data exchange activity for the previous month. This data will assist the provider in identifying how many records are being reported to ImmTrac2, accepted, and rejected monthly. Please reference the document at [www.dshs.texas.gov/immunize/immtrac/forms.shtm](http://www.dshs.texas.gov/immunize/immtrac/forms.shtm).

### ***Guide to Reminder Recall Report***

The Guide to Reminder Recall Report can be generated in ImmTrac2 to help the provider increase immunization levels in their practice. This report gives step-by-step guidance on how to create lists of patients who are due or overdue for immunizations. The reminder recall system also has the capability to create and print mailing labels.

### ***Creating a List of Active Clients with the Ad Hoc List Report***

All patients assigned to the provider's organization in ImmTrac2 are included in the initial assessment of the coverage assessment rates. An Ad Hoc List

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Report in ImmTrac2 allows for providers to review patients and determine which ones are considered active. For the patients no longer seen at the provider site, providers can de-activate patients in ImmTrac2. This guidance document assists providers with defining filters for specific clients and choosing a sort order for the report to inactive or move or gone elsewhere (MOGE) the clients assigned to the site.

### ***ImmTrac2 Technical Assistance***

#### **ImmTrac2 Customer Service Team**

The ImmTrac2 Customer Service team will work with providers to reset passwords and provide guidance on how to generate the TIPS Report, Patient Active/Inactive List, and Reminder Recall reports in ImmTrac2. For further assistance, please contact the ImmTrac2 Customer Service Team at 800-348-9158, or email at [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov).

#### **ImmTrac2 Inter-Operability Team**

The ImmTrac2 Inter-Operability Team works with providers to ensure accurate exchange of medical records into the state registry. They serve as direct support to the provider, and will work diligently to assist in identifying, addressing, and resolving technical issues in collaboration with the provider and EHR vendor. Over the course of 12 months, a representative from this team will work closely with the provider to resolve reporting issues. Contact information for the ImmTrac2 Inter-Operability Team is 800-348-9158, option 3, or email at [ImmTracMU@dshs.texas.gov](mailto:ImmTracMU@dshs.texas.gov).

## **Site visits**

### ***Provider selection***

The TVFC Program is required to initiate IQIP site visits on 25% of the CDC-defined IQIP candidate TVFC-enrolled providers annually. The exact number is determined by the CDC using the TVFC provider data in Provider Education, Assessment, and Reporting System (PEAR). In addition, the TVFC program continues other IQIP activities with providers already engaged in the process.

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Providers are selected based on the following criteria:

- TVFC Provider Evaluation and Assessment Reporting System (PEAR) Compliance due date,
- Patient population as assessed in ImmTrac2, and
- Vaccination coverage rates, which are prioritized into high and low categories.

### ***Overview***

By signing the TVFC Program Agreement, the signing clinician agrees to allow DSHS or DSHS quality assurance (QA) contractors to conduct site visits at least every other year at their site.

The IQIP Site Visit includes a TVFC Questionnaire and an Immunization Quality Improvement for Providers (IQIP) visit. A core component of this visit is to focus on assessing provider-level vaccination coverage rates using the data reported to ImmTrac2. During the IQIP site visit, staff at the facility will receive a SIP that will include quality improvement strategies, ImmTrac2 resources, and instructions on action items to be implemented at the facility. Check-in activities will occur by phone at 2-months, 6-months, and 12-months by the RE. At 12-months, the provider's coverage assessment rates will be re-evaluated, and the data will be documented in the IQIP Database. Once this portion of the site visit is completed, the site reviewer will transition into the TVFC Compliance portion.

Discussion prompts are provided to the consultant to support the IQIP quality improvement strategies for providers. Consultants should use the core strategy discussion prompts to drive the conversation and make notes of specific aspects to explore in more detail when explaining the IQIP strategies.

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In taking a systems approach to improve performance, the IQIP processes will follow these steps:

- State the problem and desired result
- Use data to understand the problem
- Identify strategies for improvement
- Implement strategies and refine as needed
- Evaluate outcomes

### ***Preparing for the IQIP Site Visit***

IQIP Consultants should complete preparation activities prior to conducting an IQIP site visit with the provider. It is key to review general knowledge regarding the provider site to have effective dialogue as it relates to assessing the providers clinical process flow, reviewing the provider vaccination coverage, and discussing the implementation of the two core strategies outlined in this operation manual.

An IQIP Preparation Checklist should be reviewed and completed prior to initiating the visit. Consultants must prepare and collect all material needed to support discussions with the provider. A site visit confirmation letter must be sent to the provider in advance of the visit and include details about the site visit date, time, and how long the visit will approximately take. The following documents will be made available to the consultants by DSHS TVFC Program monthly:

- Childhood and adolescent vaccination coverage rates
- Texas Immunization Provider Summary (TIPS) Report

### ***Assessing Provider Immunization Workflow***

The IQIP Site Visit will begin with a discussion about the provider's immunization workflow. The conversation should involve the provider describing each step of their immunization workflow from the moment the patient enters the clinic through the administration of the vaccines, documentation on the patient's medical record, and scheduling of the next immunization visit.

Consultants will discuss steps taken at the provider site to prepare for a patient immunization visit and will assess immunization service delivery

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through the completion of a patient visit. A SIP will be developed in collaboration between the provider point of contact, and the consultant that will outline the quality improvement strategies selected, supporting action-items, and check-in activities.

Childhood and adolescent vaccination coverage rates will be presented by the consultant at the initial IQIP visit and 12-month check-in, and coverage goals will be agreed upon for the provider's SIP. Vaccination coverage rates are discussed in more detail in the *Vaccine Coverage Rate Reports* section on page 17.

### ***IQIP Immunization Champion***

During the IQIP site visit, an Immunization Champion is highly encouraged to be identified to participate in the initial IQIP site visit, and to take lead on immunization activities within their clinics. This individual will be responsible for developing and improving clinic policies, implementing the strategies selected in the SIP, training and educating staff, and staying up-to-date on vaccine recommendations. During the visit, the IQIP Consultant should reference the Immunization Champion resource document to lead discussions during this portion of the visit. Once the Immunization Champion is identified, the contact information for this person should be collected and documented in the IQIP Database.

### ***Initial IQIP Site Visit Process***

- I. Introduce yourself and briefly explain the IQIP purpose and process.
- II. Explain that the IQIP site visit selection is determined based on TVFC PEAR Compliance due date, patient population, and vaccination coverage rates.
- III. Introduce the concept of an immunization champion. Explain the typical activities an immunization champion may perform and ask if the provider has anyone who functions in that role.

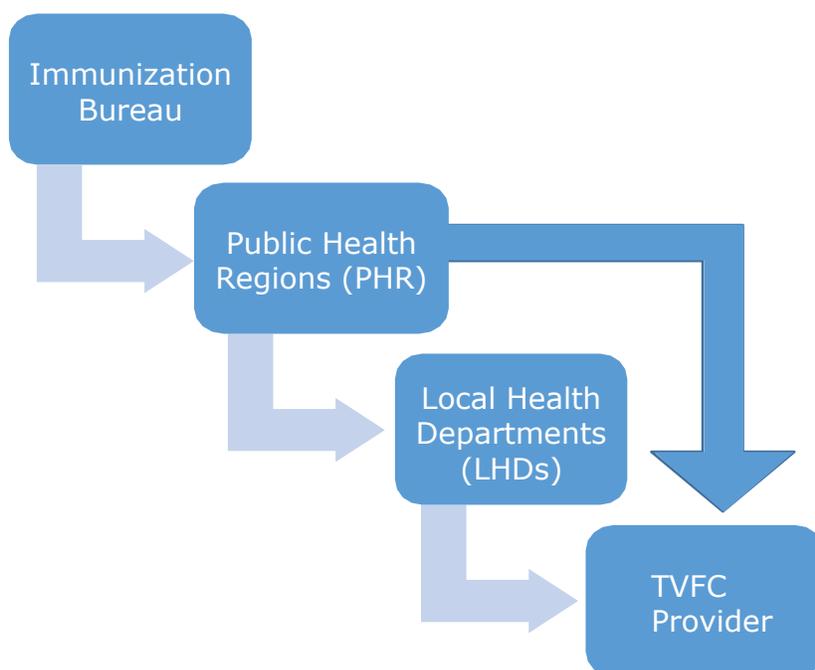
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- IV. Ask the provider to describe the office's immunization workflow. Make sure the description includes details from any appointment reminders to check-in all the way through check-out. Take notes on the Immunization Workflow Template. Ask probing questions and make mental notes of any workflow gaps or routine practices that might inform strategy selection later.
- V. Introduce the vaccination coverage report, using the Coverage Goals Form. Keep the time discussing the report to a minimum and emphasize that the report serves as a baseline for assessing progress made after changes in immunization service delivery.
- VI. Introduce and describe the IQIP Strategies for selection:
  - a. Schedule the next immunization visit before the patient leaves the office
  - b. Leverage IIS Functionality to support immunization practice
  - c. Give a strong vaccine recommendation
  - d. Strengthen vaccine communications
- VII. Revisit the provider's immunization workflow. Use your notes to drive attention to any gaps and discuss how adoption of one of the strategies could help, if applicable.
- VIII. Refer to the coverage data and discuss how adoption of one of the strategies could help improve rates.
- IX. Identify action-items necessary to fully implement the strategy and document in the SIP.
- X. Conclude the site visit by discussing next steps in the process. Remind the provider to identify an immunization champion if the role is not currently filled.
- XI. Set tentative dates for the 2- and 6-month check-ins and 12-month check-in and provide appropriate RE contact information.

## **Check-in Activities (Responsible Entities)**

The provider’s 2-month, 6-month, and 12-month check-in dates will be scheduled at the initial site visit. The check-in activity will be conducted by REs by phone. REs will check- in with the provider to see how well their SIP is working and document the progress in the IQIP database. At 12 months, another check-in call will be conducted by REs to reassess the provider’s childhood and adolescent vaccination coverage assessment rates. This data will be recorded by the RE into the IQIP database. After the 12-month check-in is completed, the provider’s IQIP site visit will be finished for the year.

Check-in activities should be reviewed monthly. There is a 10-day grace period in which the IQIP check-in activities should be addressed, resolved, and documented. However, it’s recommended check-in activities are addressed during the established check-in dates. Please find below the tier order in which check-in actions should be communicated and resolved.



\*PHRs are responsible for completing check-in activities on providers who do not have an assigned LHD.

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- I. Log-in to the IQIP Database, locate the site visit using the TVFC PIN, and review the provider's SIP.
- II. Contact each provider by phone no later than 10 days of the identified due date in the IQIP database.
- III. Discuss the updated coverage assessment rates with the provider and the Texas Immunization Provider Summary (TIPS) Report with the provider.
- IV. Review the implementation plan with the selected strategies and document the progress as communicated by the provider.
- V. Provide the outlined technical assistance, and document information in the IQIP Database. Review information thoroughly with the provider to ensure a clear understanding of guidance documents.
- VI. Save the updates in the IQIP Database and notify provider of next check-in activity date.
  - a. If this is the provider's 12-month check-in, insert the most recent vaccination coverage rates as provided by DSHS.
  - b. Discuss any improvements and inform provider of the outcome of the SIP.
  - c. Close the site visit in the IQIP Database.
  - d. Send an electronic copy of the IQIP Synopsis Report to the contact person.

## **Data Collecting and Reporting**

### ***IQIP Database***

The IQIP Database is a data collection and analysis tool built on the REDCap platform that is used to promote and support immunization quality improvement activities at the provider level. IQIP Consultants and REs will use the IQIP Database to manage data, reports, and technical assistance

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(instructions for access included later in this section). The database is designed to:

- Facilitate the delivery of technical assistance customized to each provider using narrative data entry fields for real-time review of provider data during check-ins and check-in.
- Auto generate editable reports to share with providers (if desired).
- Provide a dashboard to monitor visit status throughout the IQIP cycle.
- Simplify retrieval of data and reports for review and analysis.
- Help with scheduling and planning by offering calendar functionality.
- Reduce unnecessary data entry while allowing more detailed, narrative documentation for future reference.
- Offer simple navigation and data management.
- Record data for providers engaged in an IQIP cycle.

Additionally, the following information will be captured for the IQIP process:

- General provider information
- AFIX History
- Vaccination coverage assessment details
- Quality improvement strategies
- The strategy's current implementation status
- Existing gaps/limitation
- Opportunities for improvement in the current implementation of this strategy, Technical assistance provided for this strategy (e.g., resources, demos, role-playing, etc.)
- Action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide).

The IQIP Database will not allow consultants or REs to delete provider records but will give you the ability to edit data previously entered. SIPs should be documented at the time of the visit and a copy of the plan should

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be provided to the signing clinician, vaccine coordinator, back-up coordinator, and any other participating staff through email. If the provider has an adolescent population, information should be documented for this cohort.

A paper copy of the IQIP site visit form should be taken with the consultant during a visit in the event internet connection is not available. If this occurs, the information must be entered into the IQIP Database within 24-hours from the initiation of the visit.

### ***IQIP Database User Guide***

The IQIP User Guide provides step-by-step instructions on how to navigate the IQIP Database for recording, managing, and aggregating data. Further instructions are available in the CDC IQIP Database User Guide Version 3.0.

### ***Access to IQIP Database***

The IQIP Database can be accessed by logging into REDCap using <https://rdcp.cdc.gov> or by entering the Secure Access Management Services (SAMS) system at <http://sams.cdc.gov>.

For all new staff, a written request for IQIP Database Access is required to be sent to Central Office. Before authorized members can gain access into the system, verification must be completed through the CDC's SAMS authentication process which will include a notarized identity proofing.

## **Vaccination Coverage Rate Reports**

IQIP coverage assessment rates help providers monitor, evaluate, and select strategies to improve provider performance in vaccinating pediatric patients on time and in adherence to the ACIP-recommended routine schedule.

Vaccine coverage rates are required to be entered in the IQIP Database at the initial site visit and 12-month check-in. **Record pulls will not be conducted at the provider office during an IQIP site visit.**

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Vaccination coverage rates will be evaluated based on the vaccine administrations reported to ImmTrac2 for the provider's active patients. Active patients are those that the provider has a responsibility for vaccinating. Interpretation of coverage rates may be complicated by including inactive patients for whom the provider no longer holds the responsibility for vaccination. *Texas Department of State Health Services (DSHS) Texas Health and Safety Code 161.007 – 161.009 requires all medical providers to report all immunizations administered to clients who are younger than the age of 18 to ImmTrac2 within 30 days.*

During the initial site visit, providers are given ImmTrac2 resources that address creating a list of active/inactive patient lists. It is imperative staff at the provider office learn how to properly maintain their ImmTrac2 data. Consultants should encourage the provider to select the "leverage IIS functionality to improve immunization practice" IQIP strategy and incorporate routine data maintenance into the Strategic Improvement Plan (SIP). If the provider improves ImmTrac2 data during the IQIP cycle, then a comparison of initial coverage to 12-month coverage will be affected by the changes in data quality.

IQIP is designed to evaluate on-time vaccination and assess childhood patient vaccination coverage at two years of age, and adolescent patients at 13 years of age. Provider vaccination coverage rates are determined based on all the immunization records reported into ImmTrac2. To ensure providers are in accordance with Texas Health and Safety Code 161.007 – 161.009, the vaccination coverage rates will communicate two messages: (1) how well the provider's EHR is at reporting vaccine administrations into the statewide registry, and (2) how successful the provider is at vaccinating their patient population on-time according to the ACIP vaccination schedule.

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Cohort	Age	Vaccine Series
Childhood	24 months	4:3:1:3:3:1:4 4 DTaP 3 Polio 1 MMR UTD Hib 3 Hepatitis B 1 Varicella UTD PCV
Adolescent	13 years of age	1 Tdap 1 MCV UTD HPV 1 HPV

\*UTD = Up-to-date

**Please Note:** There may be some discrepancies regarding the initial rates pulled due to issues with EHR systems reporting vaccine administrations to ImmTrac2. Action-items outlined to support the *Leveraging the IIS functionality* strategy will help resolve these issues within a 12-month timeframe.

### ***Timing and Generation of Assessment Reports***

Consultants must review initial and 12-month coverage reports with provider staff. Initial and 12-month coverage data must be reported in the IQIP Database.

### **Initial Vaccination Coverage Assessment Rates**

Childhood and adolescent vaccination coverage assessment rates are made available to the consultant monthly. Consultants will have the vaccination coverage assessment rates before the initial IQIP site visit and will present the rates to the provider.

### **Post-Vaccination Coverage Assessment Rates**

Coverage assessment rates are made available to the REs monthly at **S:\IDPS quarterly reports**. The Public Health Regional Manager will be

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responsible for distributing the vaccination coverage rates to local health departments (LHDs) in their jurisdiction. At 12- months, the vaccination coverage assessment rates will need to be re-evaluated and documented into the IQIP Database to close the visit.

### ***Vaccination Coverage Goals***

Default vaccination coverage goals will be populated in the IQIP database based on the ImmTrac2 immunization coverage rates entered into the database by the consultant.

The coverage goals include a suggested percentage based on initial coverage rates within a 12-month period. Recommend the default coverage goals to the provider, and if agreed upon, enter the suggested amounts into the SIP in the Database. If the default coverage goals are not agreed upon, they can be modified in the IQIP database.

In the tables below, IQIP database logic is displayed for childhood and adolescent age group coverage goals.

<b>Table: Logic for suggested 12-month childhood coverage goals</b>	
<b>Initial Coverage</b>	<b>Suggested 12-month Coverage Goal</b>
0% to less than 80%	Increase by 10 percentage points
80% to less than 85%	Increase to 90%
85% to less than 90%	Increase by 5 percentage points
90% to less than 95%	Increase to 95%
95% and greater	Maintain initial percentage

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<b>Table: Logic for suggested 12-month adolescent coverage goals</b>	
<b>Initial Coverage</b>	<b>Suggested 12-month Coverage Goal</b>
0% to less than 70%	Increase by 10 percentage points
70% to less than 75%	Increase to 80%
75% to less than 90%	Increase by 5 percentage points
90% to less than 95%	Increase to 95%
95% and greater	Maintain initial percentage

### **IQIP Quality Improvement Strategies**

IQIP promotes and supports the implementation of provider-level quality improvement strategies. These strategies are designed to increase vaccine uptake among child and adolescent patients in adherence to the ACIP-recommended routine immunization schedule.

The quality improvement strategies must be selected in the IQIP Database and will be included on the SIP. The action items are assigned during the initial site visit by the consultant and technical assistance will be provided on-site.

Consultants are responsible for reviewing the workflow assessment and jointly discussing the components that impact the IQIP strategies outlined. Action items have pre-defined technical assistance activities to support the provider in implementing the IQIP strategies. The consultant and provider staff should work together to summarize the baseline status of all IQIP strategies.

The consultant records the workflow assessment information concisely in two fields for each strategy on the site visit page of the IQIP Database (or the paper copy of the IQIP Site Visit Form). Please reference the Texas IQIP Quality Improvement Strategies table below. The table is intended to offer examples and is not a comprehensive list of actions that can be taken.

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<b>IQIP Strategies</b>	<b>Provider Action Items</b>	<b>Technical Assistance Provided</b>
<p>1. Schedule the next immunization visit before the patient leaves the office.</p>	<ul style="list-style-type: none"> <li>▪ Train staff on scheduling immunizations.</li> <li>▪ Schedule next visit before patient leaves office.</li> <li>▪ Reminder/recall process in place.</li> <li>▪ Contact parents within 3-5 days of no-show.</li> <li>▪ Ensure patients sign out at front desk before leaving the visit.</li> <li>▪ Update and collect patient contact information in system (phone number, address, and email address).</li> <li>▪ Offer patients multiple time-slot options.</li> <li>▪ Provide patient with documentation outlining appointment time and date.</li> <li>▪ Call patients before scheduled appointment for reminders.</li> <li>▪ Send patient reminders the day before their appointment.</li> <li>▪ Schedule the follow-up appointment with the parent before the patient receives immunization.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Encourage provider to use reminder recall in EHR or ImmTrac2.</li> <li>▪ Provide ImmTrac2 Reminder Recall guidance document.</li> <li>▪ Suggest scheduling best practices.</li> <li>▪ Suggest appointment reminder cards for patients.</li> </ul>

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<b>IQIP Strategies</b>	<b>Provider Action Items</b>	<b>Technical Assistance Provided</b>
<p>2. Leverage IIS to improve immunization.</p>	<ul style="list-style-type: none"> <li>▪ Routinely measure coverage and share with staff.</li> <li>▪ Report all administered doses in ImmTrac2.</li> <li>▪ Report previous doses in ImmTrac2.</li> <li>▪ Review the Patient Active/Inactivate Report to de- activate patients no longer seen in ImmTrac2 at least twice annually.</li> <li>▪ Use ImmTrac2 or EHR to determine which doses are due.</li> <li>▪ Provide contact information for the EHR system being used in the practice.</li> <li>▪ Generate the Texas Immunization Provider Summary (TIPS) Report monthly.</li> <li>▪ Work collaboratively with the ImmTrac2 Inter-Operability Team to resolve data exchange issues.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide Texas Immunization Provider Summary (TIPS) Report to provider.</li> <li>▪ Review TIPS Guide with provider and train provider on how to generate TIPS Report in ImmTrac2.</li> <li>▪ Train provider how to generate Patient Active/Inactive Reports.</li> <li>▪ Provide the ImmTrac2 Inter-Operability Team contact information.</li> </ul>

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IQIP Strategies	Provider Action Items	Technical Assistance Provided
<p>3. Give a Strong Vaccine Recommendation (include HPV vaccine if the provider has adolescent patients).</p>	<ul style="list-style-type: none"> <li>▪ Leverage the trust that almost all parents have in their child’s doctor as their most trusted source of vaccine information.</li> <li>▪ Preparing for the focusing on the vaccination discussion with the parent.</li> <li>▪ Making a presumptive recommendation (otherwise known as the “announcement” approach), which results more often in parents of infants and adolescents consenting to vaccination.</li> <li>▪ Presenting vaccination as the social norm and the expectation for all children seen at the clinic.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Show or provide links to provide links to videos such as the CDC’s Childhood #HowIRecommend Vaccination Video Series.</li> <li>▪ Offering training, resources, handouts that demonstrate the announcement approach, subsequent questions from the hesitant parent, and the ensuing discussion.</li> <li>▪ Engage in role play exercises with staff, while using the announcement approach. Play the role of the physician first to demonstrate and then as the hesitant parent to provide an opportunity to practice and receive feedback.</li> <li>▪ Provide example phrases that can be used to make a presumptive vaccine recommendation: 1) “It’s time for [name] to receive some vaccines today. Those we’ll be administering will protect against diphtheria, Tetanus, Pertussis, Polio, and others.”</li> <li>▪ “[Name] is due for vaccines against diphtheria, tetanus, pertussis, polio, and others. We’ll administer the at the end of this visit.”</li> <li>▪ Provide example actions to keep hesitant parents engaged if they continue to refuse vaccination, such as suggesting they talk again or return to the office in a few months.</li> </ul>

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<b>IQIP Strategies</b>	<b>Provider Action Items</b>	<b>Technical Assistance Provided</b>
<p>4. Strengthen Vaccination Communications.</p>	<ul style="list-style-type: none"> <li>▪ Increase positive vaccination messaging throughout the practice.</li> <li>▪ Provider accurate, easily accessible information on vaccines.</li> <li>▪ Engage in effective vaccine conversations with parents.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide sample vaccination policies and brainstorm language specific to the provider site.</li> <li>▪ Provide guidance on how to promote vaccination across the clinic workflow and not just in the exam room.</li> <li>▪ Provide links to trainings on addressing vaccine hesitancy for all staff who interact with patients, role play with staff using various scenarios of parents and staff interactions.</li> <li>▪ Provide communication resources specific to the site’s communication platforms (e.g., AAP’s social media toolkit for the site’s social media accounts, links to the CDC vaccine education webpages, or web buttons for their practice’s website).</li> <li>▪ Provide links to the CDC parent education flyers for inclusion in new patient information packets, or for ordering posters and promotional materials.</li> </ul>

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### **IQIP Website**

Additional information about IQIP can be found on the DSHS Immunization Unit website. The webpage can be accessed at <https://www.dshs.texas.gov/immunize/Responsible-Entities/Quality-Assurance-for-TVFC-Providers/>.

### **IQIP Functional Inbox**

Email all questions or inquiries to the IQIP functional inbox at [IQIP@DSHS.TEXAS.GOV](mailto:IQIP@DSHS.TEXAS.GOV).

**Please Note:** *The Texas IQIP Operations Manual for Responsible Entities (REs) will continue to undergo changes as we assess and adjust program implementation. Updates will be announced, and policy documents will be revised and edited as needed.*





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